

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN1830ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2010
NAME OF PROVIDER OR SUPPLIER WILDCREEK SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2285 GREEN VISTA DR SPARKS, NV 89431		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 2/8/10 and finalized on 2/8/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	A 00	<i>Accepted 2/27/10 Carpenter</i>	
A118 SS=A	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation: (d) Such health records as are required by chapter 441A of NAC. This Regulation is not met as evidenced by: Based on record review, the facility failed to provide evidence of a chest X-ray on 1 of 7 employees with a history of a positive tuberculin skin test. (Employee #5)	A118	<ul style="list-style-type: none"> There where no individuals affected by the deficiency. Employee #5 has not had any symptoms of TB but will have a chest x-ray performed and read by radiology prior to returning to work. Policy L-20 has been revised to read, "new employees with a positive TB skin test or a history of a positive TB skin test will provide documentation of a negative chest x-ray taken after the date of a positive TB skin test. Documentation will be provide prior to first day of employment " The nurse manager will monitor policy Individual responsible –Nurse Manager 	2-17-2010
A166 SS=E	NAC 449.9905 Pharmacist Required 4. In the absence of a full-time pharmacist, the director of nursing must be designated in writing as responsible for the control of dangerous drugs and controlled substances. Substances listed as schedule II controlled substances pursuant to chapter 453 of NRS must be stored in a storage are with two locks. If a box is used, it must be securely fastened and immovable.	A166	<ul style="list-style-type: none"> There where no individuals affected by the deficiency. There are no individuals that can be affected in the future due to the corrected deficiency. The nurse manager or designee will ensure that all schedule II medications are locked or in direct possession of anesthesiologist at all times. The nurse manager will monitor. Individual responsible – Nurse Manager 	2-15-2010

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>[Signature]</i>	(X6) DATE 2-19-2010
STATE FORM	6899 ZJ8P11	If continuation sheet 1 of 2

Bureau of Health Care Quality and Compliance

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A166	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, policy review and observation the facility failed to keep controlled substances secured in a locked storage area in the facility's two procedure rooms. Severity: 2 Scope: 2	A166		
A9999	Final Comments Section 18 1. Each ambulatory surgical center shall designate an employee or enter into a contract with a person to oversee and manage all aspects of the program for the prevention and control of infections and communicable diseases. 2. The person described in subsection 1: a) Shall have completed specialized training in the prevention and control of the development and transmission of infections and communicable diseases; Based on interview the facility failed to ensure the designated infection control person had completed specialized training in the prevention and control of the development and transmission of infections and communicable diseases. Severity 2 Scope 1	A9999	<ul style="list-style-type: none"> • There where no individuals affected by the deficiency. • The infection control manager will complete specialized training in the prevention and control of the development and transmission of infections and communicable diseases on a regular basis. • The administrator will ensure the infection control manager has the continued specialized training. • Individual responsible – Administrator 	3-24-2010

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STATE FORM

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